

Union Calendar No. 373

111TH CONGRESS
2^D SESSION

H. R. 5354

[Report No. 111-633]

To establish an Advisory Committee on Gestational Diabetes, to provide grants to better understand and reduce gestational diabetes, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 20, 2010

Mr. ENGEL (for himself, Mr. BURGESS, Ms. DEGETTE, Mr. CASTLE, Mr. GENE GREEN of Texas, Mr. KING of New York, Mrs. CAPPS, Mr. GONZALEZ, Ms. BALDWIN, Mr. RANGEL, Mr. HIGGINS, Mrs. MALONEY, Mr. ACKERMAN, Ms. CLARKE, Ms. LEE of California, Mr. SERRANO, and Mr. DOYLE) introduced the following bill; which was referred to the Committee on Energy and Commerce

SEPTEMBER 28, 2010

Additional sponsors: Mr. NADLER of New York, Mr. GORDON of Tennessee, Mr. SPACE, Mr. GRIJALVA, Mr. SCOTT of Georgia, Ms. NORTON, Mrs. BONO MACK, Mrs. CHRISTENSEN, Ms. LINDA T. SÁNCHEZ of California, and Mr. STEARNS

SEPTEMBER 28, 2010

Reported with amendments, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in *italic*]

[For text of introduced bill, see copy of bill as introduced on May 20, 2010]

A BILL

To establish an Advisory Committee on Gestational Diabetes,
to provide grants to better understand and reduce gesta-
tional diabetes, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
 2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 *This Act may be cited as the “Gestational Diabetes Act*
 5 *of 2010” or the “GEDI Act”.*

6 **SEC. 2. GESTATIONAL DIABETES.**

7 *Part B of title III of the Public Health Service Act*
 8 *(42 U.S.C. 243 et seq.) is amended by adding after section*
 9 *317H the following:*

10 **“SEC. 317H–1. GESTATIONAL DIABETES.**

11 *“(a) UNDERSTANDING AND MONITORING GESTATIONAL*
 12 *DIABETES.—*

13 *“(1) IN GENERAL.—The Secretary, acting*
 14 *through the Director of the Centers for Disease Con-*
 15 *trol and Prevention, in consultation with the Diabetes*
 16 *Mellitus Interagency Coordinating Committee estab-*
 17 *lished under section 429 and representatives of appro-*
 18 *priate national health organizations, shall develop a*
 19 *multisite gestational diabetes research project within*
 20 *the diabetes program of the Centers for Disease Con-*
 21 *trol and Prevention to expand and enhance surveil-*
 22 *lance data and public health research on gestational*
 23 *diabetes.*

24 *“(2) AREAS TO BE ADDRESSED.—The research*
 25 *project developed under paragraph (1) shall address—*

1 “(A) procedures to establish accurate and ef-
2 ficient systems for the collection of gestational di-
3 abetes data within each State and common-
4 wealth, territory, or possession of the United
5 States;

6 “(B) the progress of collaborative activities
7 with the National Vital Statistics System, the
8 National Center for Health Statistics, and State
9 health departments with respect to the standard
10 birth certificate, in order to improve surveillance
11 of gestational diabetes;

12 “(C) postpartum methods of tracking
13 women with gestational diabetes after delivery as
14 well as targeted interventions proven to lower the
15 incidence of type 2 diabetes in that population;

16 “(D) variations in the distribution of diag-
17 nosed and undiagnosed gestational diabetes, and
18 of impaired fasting glucose tolerance and im-
19 paired fasting glucose, within and among groups
20 of women; and

21 “(E) factors and culturally sensitive inter-
22 ventions that influence risks and reduce the inci-
23 dence of gestational diabetes and related com-
24 plications during childbirth, including cultural,

1 *behavioral, racial, ethnic, geographic, demo-*
2 *graphic, socioeconomic, and genetic factors.*

3 “(3) *REPORT.*—*Not later than 2 years after the*
4 *date of the enactment of this section, and annually*
5 *thereafter, the Secretary shall generate a report on the*
6 *findings and recommendations of the research project*
7 *including prevalence of gestational diabetes in the*
8 *multisite area and disseminate the report to the ap-*
9 *propriate Federal and non-Federal agencies.*

10 “(b) *EXPANSION OF GESTATIONAL DIABETES RE-*
11 *SEARCH.*—

12 “(1) *IN GENERAL.*—*The Secretary shall expand*
13 *and intensify public health research regarding gesta-*
14 *tional diabetes. Such research may include—*

15 “(A) *developing and testing novel ap-*
16 *proaches for improving postpartum diabetes test-*
17 *ing or screening and for preventing type 2 diabe-*
18 *tes in women with a history of gestational diabe-*
19 *tes; and*

20 “(B) *conducting public health research to*
21 *further understanding of the epidemiologic,*
22 *socioenvironmental, behavioral, translation, and*
23 *biomedical factors and health systems that influ-*
24 *ence the risk of gestational diabetes and the de-*

1 *velopment of type 2 diabetes in women with a*
2 *history of gestational diabetes.*

3 “(2) *AUTHORIZATION OF APPROPRIATIONS.—*
4 *There is authorized to be appropriated to carry out*
5 *this subsection \$5,000,000 for each fiscal year 2012*
6 *through 2016.*

7 “(c) *DEMONSTRATION GRANTS TO LOWER THE RATE*
8 *OF GESTATIONAL DIABETES.—*

9 “(1) *IN GENERAL.—The Secretary, acting*
10 *through the Director of the Centers for Disease Con-*
11 *trol and Prevention, shall award grants, on a com-*
12 *petitive basis, to eligible entities for demonstration*
13 *projects that implement evidence-based interventions*
14 *to reduce the incidence of gestational diabetes, the re-*
15 *currence of gestational diabetes in subsequent preg-*
16 *nancies, and the development of type 2 diabetes in*
17 *women with a history of gestational diabetes.*

18 “(2) *PRIORITY.—In making grants under this*
19 *subsection, the Secretary shall give priority to projects*
20 *focusing on—*

21 “(A) *helping women who have 1 or more*
22 *risk factors for developing gestational diabetes;*

23 “(B) *working with women with a history of*
24 *gestational diabetes during a previous preg-*
25 *nancy;*

1 “(C) providing postpartum care for women
2 with gestational diabetes;

3 “(D) tracking cases where women with a
4 history of gestational diabetes developed type 2
5 diabetes;

6 “(E) educating mothers with a history of
7 gestational diabetes about the increased risk of
8 their child developing diabetes;

9 “(F) working to prevent gestational diabetes
10 and prevent or delay the development of type 2
11 diabetes in women with a history of gestational
12 diabetes; and

13 “(G) achieving outcomes designed to assess
14 the efficacy and cost-effectiveness of interventions
15 that can inform decisions on long-term sustain-
16 ability, including third-party reimbursement.

17 “(3) APPLICATION.—An eligible entity desiring
18 to receive a grant under this subsection shall submit
19 to the Secretary—

20 “(A) an application at such time, in such
21 manner, and containing such information as the
22 Secretary may require; and

23 “(B) a plan to—

24 “(i) lower the rate of gestational diabe-
25 tes during pregnancy; or

1 “(ii) develop methods of tracking
2 women with a history of gestational diabe-
3 tes and develop effective interventions to
4 lower the incidence of the recurrence of ges-
5 tational diabetes in subsequent pregnancies
6 and the development of type 2 diabetes.

7 “(4) *USES OF FUNDS.*—An eligible entity receiv-
8 ing a grant under this subsection shall use the grant
9 funds to carry out demonstration projects described in
10 paragraph (1), including—

11 “(A) expanding community-based health
12 promotion education, activities, and incentives
13 focused on the prevention of gestational diabetes
14 and development of type 2 diabetes in women
15 with a history of gestational diabetes;

16 “(B) aiding State- and tribal-based diabetes
17 prevention and control programs to collect, ana-
18 lyze, disseminate, and report surveillance data
19 on women with, and at risk for, gestational dia-
20 betes, the recurrence of gestational diabetes in
21 subsequent pregnancies, and, for women with a
22 history of gestational diabetes, the development of
23 type 2 diabetes; and

24 “(C) training and encouraging health care
25 providers—

1 “(i) to promote risk assessment, high-
2 quality care, and self-management for gesta-
3 tional diabetes and the recurrence of gesta-
4 tional diabetes in subsequent pregnancies;
5 and

6 “(ii) to prevent the development of type
7 2 diabetes in women with a history of gesta-
8 tional diabetes, and its complications in the
9 practice settings of the health care pro-
10 viders.

11 “(5) *REPORT*.—Not later than 4 years after the
12 date of the enactment of this section, the Secretary
13 shall prepare and submit to the Congress a report
14 concerning the results of the demonstration projects
15 conducted through the grants awarded under this sub-
16 section.

17 “(6) *DEFINITION OF ELIGIBLE ENTITY*.—In this
18 subsection, the term ‘eligible entity’ means a non-
19 profit organization (such as a nonprofit academic
20 center or community health center) or a State, tribal,
21 or local health agency.

22 “(7) *AUTHORIZATION OF APPROPRIATIONS*.—
23 There is authorized to be appropriated to carry out
24 this subsection \$5,000,000 for each fiscal year 2012
25 through 2016.

1 “(d) *POSTPARTUM FOLLOW-UP REGARDING GESTA-*
2 *TIONAL DIABETES.*—*The Secretary, acting through the Di-*
3 *rector of the Centers for Disease Control and Prevention,*
4 *shall work with the State- and tribal-based diabetes preven-*
5 *tion and control programs assisted by the Centers to encour-*
6 *age postpartum follow-up after gestational diabetes, as*
7 *medically appropriate, for the purpose of reducing the inci-*
8 *dence of gestational diabetes, the recurrence of gestational*
9 *diabetes in subsequent pregnancies, the development of type*
10 *2 diabetes in women with a history of gestational diabetes,*
11 *and related complications.”.*

Amend the title so as to read: “A bill to provide grants to better understand and reduce gestational diabetes, and for other purposes.”.

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